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ABSTRACT

Interviews were conducted with 237 adult blacks in the Boston area to determine their most urgent needs and the most urgent needs of blacks in general, to characterize the information flow from health services agencies, and to characterize access to and utilization of health services. The respondents ranked better economic conditions, family and religious concerns, equality before the law, and political power as the four most pressing needs for themselves individually and for the black community as a whole. Most respondents characterized the flow of information from health services agencies as good although more specific questions about information contradict this finding. Furthermore, respondents described access to health services as adequate to good, although most had never utilized a community health facility. Implications of the research and recommendations are discussed. (MK)

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HEALTH NEEDS OF URBAN BLACKS

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The Solomon Fuller Institute
Research Report

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TABLE OF CONTENTS

	page
Acknowledgement	iv
Introduction	1
Background	3
Objectives	6
Literature Review	6
Research Design	11
Hypotheses	13
Universe of Study	14
Sampling Procedures	15
Data Collection	15
Data Reduction and Analysis	16
Research Findings	19
Characteristics of Respondents	21
Rank Order of Priorities and Concerns	25
Macro-Community Issues	27
Micro-Community Issues	29
Alienation, Anomie and Distrust	32
Health Issues	35
Implications and Recommendations	39

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INTRODUCTION

Background

For over a century Black Americans have sought complete assimilation and integration into American life. Yet, for a large segment, this process remains incomplete. While Black Americans are linguistically acculturated, the process of developing a sense of "peoplehood" with other Americans is threatened by daily confrontations with prejudice and discrimination, and their adverse effects. Although some degree of structural assimilation occurs everyday, it is difficult to convince some groups of Blacks outside the system that the opportunity structure is changing. For others, the ultimate dream of two-way assimilation, in which the contributions of both entrants and members of the new society or culture are equally valued, has not been fulfilled.[1]

Such conditions create ambivalence among many Black Americans concerning their relationship to the United States, their racial consciousness, and their ethnic identity. Hence, they tend to view their experiences from the dual perspective of "two souls" -- one Black, the other American.[2] This duality persists because millions of Black Americans do not feel they have gained sufficient entitlements as full and equal citizens of the United States. Many Black Americans do not feel that even their most pressing needs are being met. Many do not believe that as Black Americans they are able to obtain jobs commensurate with their training and ability or that they will experience equal opportunity for upward occupational mobility. Many blacks believe that segregation and discrimination persist within school systems and districts; that the right to decent housing or to establishing residence wherever their income permits remains an unfulfilled dream, and that adequate health care is almost non-existent. In essence, their expectations as American citizens have not been sufficiently realized to make their prospects for the future optimistic.

The apparent failure of these basic expectations has produced myriad stresses among a significant portion of the Black population. The manifestations of stress may be found in several arenas of daily life. For instance, stress may be found in health problems such as hypertension or hostile interpersonal relations, which in turn reflect on the overall quality of mental health. Stress may also be evidenced in a pervasive sense of powerlessness or in degress of alienation, anomie, and social isolation. The impact of stress may be observed in ideological polarity of the sort that finds "assimilationists" and "integrationists" at one end of the spectrum and "nationalists" and "separatists" at the other.[3] The impact of stress may also be observed in Black Americans' diverse perceptions of their most urgent concerns and priorities.

The concerns and priorities of Black Americans can be classified as micro-community and macro-community in scope. Micro-community issues are affective and impact on daily neighborhood life and on community activities. They are neighborhood or community specific issues. These concerns include better police protection and street lighting, more frequent garbage collection, better access to community health centers and medical services, and improved transportation facilities. Macro-community issues transcend a particular community and are more universal in scope. Macro-community issues include the broad problems of economic disabilities, high rates of Black unemployment, mechanisms for achieving quality education at the elementary and secondary school levels, and inequality of access to graduate and professional schools. Both types of concerns can and do contribute to mental health problems which may be manifested in varying degrees of alienation, anomie, powerlessness, social isolation, and distrust of decision-makers or the authority structure.

The persistence of such issues attests to the fact that, notwithstanding major transformations which have occurred in the American social, political, and economic fabric during the past three decades, neither equality of opportunity nor equality of result has been achieved by all segments of the American population. Since 1948, the U.S. Supreme Court has: (1) ordered graduate and professional schools to admit students of all races; (2) declared segregation and discrimination in public institutions unconstitutional and unenforceable; and (3) ruled against discriminatory practices in housing and on prohibitions against marriage across racial lines. The Congress of the United States has created a federally sponsored Commission on Civil Rights, an Equal Employment Opportunity Commission, and has enacted Voting Rights Bills as well as far-reaching Civil Rights Bills in 1964 and 1968. Congress has also enacted a number of measures under the rubric of "Great Society Legislation" which have promoted major improvements in the delivery of health care services to a broad spectrum of the American population.

Irrespective of these changes, Black Americans continue to articulate focal concerns of fundamental urgency. These concerns elucidate both the weaknesses in the implementation of the Supreme Court Decrees and the defects in the administration of federal, state and local corrective legislation. To illustrate, when this study was first conceptualized, the Bureau of Labor Statistics reported that the unemployment rate of Black Americans was nearly twice the rate of the white population (1975). As recently as 1973, 77% of all Black workers were still confined to lower level occupational roles while only 23% held white collar, managerial and professional occupations. The median family income of Black Americans was less than three-fifths of the mediam family income of white Americans.

Current empirical analyses demonstrate that the problems originally identified for study in this project have been intensified in a relatively short period of time. In the face of affirmative action guidelines and related federal mandates, unemployment for Black Americans reached an all-time high in August 1977, when the Bureau of Labor Statistics reported an unemployment rate for blacks of 15.5% -- a rate which was more than twice the unemployment rate of white Americans. Among Black teenagers, unemployment was acknowledged at a rate in excess of 43%, in spite of the fact that the National Urban League Research Bureau steadfastly reported a rate in excess of 60% in some areas of the nation. The League further claimed that the overall unemployment rate among Black adults is approximately 25%.

Arnold Packer, Assistant Secretary of Labor for Planning and Evaluation, has stated that the Black teenage population increased 43% from 1967 to 1977; yet, employment of Black teenagers increased only 7.7%. In contrast, the white teenage population rose only 17.7% but its employment rate rose to 29%. The disparity between the increase in black population and its rate of employment tends to perpetuate a class of "black lumpenproletarians" -- an underclass standing outside of the system with limited possibilities for being counted in. For some segments of the black population who are prepared only for labor intensive occupational roles, such disparities find partial explanation in the impact of technology which renders their work obsolescent.[4] These conditions also find partial explanation in affirmative action guidelines which fail to include appropriate means of enforcement. This failure enhances the penchant of employers towards lengthy legalistic negotiation rather than direct implementation of processes which insure equality of opportunity. It further permits some employers to hinder black employment. Nevertheless, many Black Americans have benefited either from the threat of enforcement of equal employment opportunity policies or from particularistic practices which followed some employers' heightened sensitivity to the problems of inequality.

These observations, and other impressionistic evidence, led this team of researchers to explore in greater depth the following questions: What are the present urgent priorities of urban Blacks in the mid-seventies? What are their health needs? Have these concerns changed during the past three decades? If so, how? Do these concerns differ across class lines, and the boundaries of territoriality, income differentials, education, or with regard to such variables as age and sex? Is there a sense of powerlessness and distrust among American Blacks? If so, what appears to be logical explanations for these situations? To investigate these and other related issues, a grant was obtained through the Center for Minority Group Mental Health Programs of the National Institute of Mental Health.

Objectives

The grant obtained from the National Institute of Mental Health supported this pilot study of the focal concerns and priorities among Black people in metropolitan Boston. The principal objectives of the study were: (1) to obtain general and specific information that would serve as the basis for policy decisions affecting the quality of life in metropolitan communities, particularly among urban Blacks; (2) to identify in a systematic manner the perceptions of Blacks (in urban ghetto and suburban areas) on what constitutes their most urgent needs in the mid-seventies; (3) to systematically determine the accessibility and utilization or deterrents to utilization of services in predominantly Black communities capable of meeting the identified needs of the population; (4) to identify those factors which affect the realization of identified priorities; (5) to examine the effects of goal attainment or lack of goal attainment in their mental health needs; and (6) to examine the mental health needs of youth and the resources used for mental health problems.

Literature Review

Social and behavioral scientists' involvement in empirical research concerned with the priorities and basic expectations of Black Americans began almost four decades ago. Gunnar Myrdal pioneered in the field with his monumental and highly influential publication, An American Dilemma, in which he identified a dual "rank order of discrimination" among the black and white population. In reviewing the divergent perspectives of the two groups in relation to the rank order of discrimination, it is imperative to consider the social, political and legal climate of the late 1930s and the early 1940s. During these years racial prejudices, discrimination and segregation fostered an inequality that pervaded the entire fabric of institutional life in the United States. White Americans were preoccupied with the perpetuation of a boundary-maintenance system which would protect the privileges and their sense of entitlements which both law and social custom guaranteed to them.[5]

Myrdal's rank order of discrimination, which in our view constitutes the major priorities of Black Americans, was the exact opposite of the rank order indicated by whites. Hence, listed from most urgent to least important, Blacks wanted: (1) better economic conditions which included jobs, credit, land, and an end of discrimination in public relief and social welfare; (2) equality before the law or an end to discrimination by the courts, police, and law enforcement agencies in general; (3) political enfranchisement; (4) access to

public accommodations without discrimination; (5) an end to discrimination in social and personal relations; and (6) the right to intermarry.[6]

In the same year that An American Dilemma was published, a group of fourteen prominent Black leaders collectively discussed the interests, concerns, and priority needs of Black Americans. Their discussion resulted in the publication of the anthology, What the Negro Wants.[7] The contributors to this anthology included renown scholars, academic administrators, civic leaders, and literary notables such as W. E. B. DuBois, Charles Wesley, Leslie Pinckney Hill, Mary McCleod Bethune, Roy Wilkins, Langston Hughes, and Sterling Brown.

The anthology brought to the fore the focal concerns and urgent priorities of Black Americans through such phrases as: "we want first-class citizenship"; "we want 'freedom,' 'power,' 'certain inalienable rights,' 'full equality'"; or simply, "we want to be counted in."[8] It should be pointed out that this volume cannot be assessed as empirical research in the more traditional sense. However, one can hardly dispute its contributors' conventional wisdom, insights, and ability to pinpoint and articulate the fundamental defects in their contemporary social structure. Clearly, they called attention to the urgent priorities of a tenth of America's population whose members continued to be treated as social, legal, and political pariahs.

The first systematic study of Myrdal's findings of a rank order of discrimination appeared six years later. Using a sample of 200 Blacks in Columbus, Ohio, W. S. M. Banks sought to discern whether or not a rank order of sensitivity to discrimination existed among Blacks. Banks did not make a black-white comparison in the same manner as Myrdal. Political and occupational changes attributable to the exigencies and mandates of war-time emergencies and to the relentless attack of the NAACP on the inequities and restrictions imposed by the legalistic structure dictated a new approach. Banks' interest was to examine those changes that had evolved in Blacks' perceptions of Myrdal's rank order. He concluded that the rank order proposed by Myrdal was, in general, supported. However, his findings showed that economic matters dropped from first to third in priority.[9]

In 1954 Edwin R. Edmunds further tested the Myrdalian hypothesis that Blacks and whites do differ in their perceptions of a rank order of discrimination. Edmunds studied a sample of 443 Blacks and 522 whites in Texas and Oklahoma. His study provided evidence that the rank order postulated by Myrdal was not completely supported. According to Edmunds' findings, of the six variables cites by Myrdal, only two, intermarriage and social relations, were in the order

suggested by Myrdal. The fact that the top four variables, however rearranged, remained in that category, suggested that Black Americans continued to seek major transformations within the system that would lead to improvements in their structural condition.[10]

A few years later, Lewis Killian and Charles Grigg sought to ascertain whether a modified rank order of discrimination existed among Blacks and whites in Jacksonville, Florida. They found no significant inverse relationship between white and Black scales. However, they did notice that Blacks in Florida were interested in the following order of improvements: (1) economic life, (2) legal status, (3) access to public facilities, (4) access to public schools, and (5) an end to political discrimination and freedom in personal relations. In effect, the rank order developed by Myrdal seems to have been supported for this Black population.[11]

A careful reading of each of these studies reveals a common theoretical thread: Black Americans are primarily concerned about economic betterment through the attainment of better jobs and higher incomes. Such a change in economic betterment would have innumerable ramifications for millions of Black Americans, since economic disabilities affect from one-third to one-half of the Black population. As Myrdal's, Banks', and other theoretically significant studies demonstrate, it is the prevalence of adverse economic conditions which lessen Black Americans' hope to reap the benefits of a rewarding life and of sound health, and from substantial improvements in their life chances or from entry into mainstream American life.

The last four decades have witnessed the incipience of empirical research concerned with the priorities and basic expectations of Black Americans. Pioneer studies, such as Myrdal's, opened the way for further investigation of the problems and needs inherent in the lives of Black Americans. Nevertheless, it must be recognized that despite these authors' historically and theoretically invaluable contributions, their studies share several fundamental flaws. The studies were conducted without establishing controls for social class. Moreoever, the studies did not offer a theoretical position with regard to the possible heterogeneity among Blacks in their perceptions of the composition of either a rank order of discrimination or of what comprises urgent concerns and priorities. The studies also failed to investigate the possible relationship between these perceptions and a number of independent variables which may be associated with such viewpoints.

To address some of these weaknesses, this study was undertaken in late 1976. Data collection and analysis continued through January 1978. A major theoretical position taken in this study was that the urgent priorities of Black Americans are neither unidimensional nor necessarily unidirectional. However, the priorities can be

dichotomized into two classes which have already been identified as macro-community and micro-community issues. It was also theorized that levels of anomie or alienation would not only differ according to social class dimensions but that they could also influence Blacks' perceptions of macro- and micro-community issues.

RESEARCH DESIGN

Hypotheses

The review of pertinent literature on the subject of priorities, concerns and rank order of discrimination led to the formulation and testing of the following hypotheses:

1. Whether or not a person receiving a given health issue as a matter of urgent priority is a function of age, sex, family head, income, occupation, education, place of residence, and effectiveness in communications between residents and social service agencies.

   Hypothesis 1 is further specified into six sub-hypotheses:

   a. Older persons are more likely than younger individuals to perceive micro-community level issues as a matter of urgent priority, while younger persons are more concerned about macro-community issues than are older persons.

   b. Women are more likely than men to perceive both macro- and micro-community level issues as a matter of urgent priority.

   c. Heads of families, male or female, are more likely to perceive both micro- and macro-community level issues as a matter of urgent priority than are single or unmarried persons who are not family heads;

   d. The lower a person's annual income the more likely the person is to specify micro-community level issues as matters of urgent priority, but the higher a person's annual income, the more likely are macro-community level issues to be specified as matters of urgent concern.

   e. Whether or not a micro- or macro-community level issue is specified as a matter of urgent priority depends upon the area of the city in which the person resides. Specifically, persons who live in predominantly black areas are more likely to define both micro- and macro-community level issues as matters of urgent priority than are persons who live in suburban areas.

   f. Perceiving a micro- or a macro-community level issue as a matter of urgent priority depends upon how much formal schooling the person has had. Thus, the lower the number of years of formal schooling a person has had, the greater the urgency of the micro-community

level issue specified, and the greater the number of years of schooling the person has had, the greater the urgency of macro-community level issues.

g. Persons with higher status occupations will tend to be more concerned about macro-community issues while persons with lower status occupations and who are either unemployed or on pensions, receiving retirement income or social security will be more concerned about micro-community issues.

2. The greater the information flow from health service agencies to residents in service areas, the more frequent is the utilization of health services and the lower is the tendency to perceive either a micro- or macro-community level issue as a major problem.

3. Holding age constant, the higher a person ranks on a scale of anomie or alienation, the more likely is that person to show a greater concern about micro-level issues; however, the lower the alienation score, the greater the concern with macro-level issues.

4. Persons who express feelings of high goal attainment will rank low on scales of anomie or alienation, but low goal attainment is associated with high levels of attainment.

5. The greater the distrust among Blacks of the white power structure, as represented by city hall officials and/or the police force, the greater will be their sense of helplessness regarding solutions to problems specified.

Universe of Study

The universe of this study was metropolitan Boston. According to the 1970 census data available on Boston, minorities constitute approximately 20% of the population. Since Blacks comprise 16% of the population, they represent about 80% of all minority groups in Boston. However desirable it may have been to investigate the focal concerns of other minority groups, that undertaking would have been beyond the scope of this inquiry. Therefore, a deliberate decision was reached to focus attention exclusively on those matters that are of special interest to the Black residents of metropolitan Boston.

Sampling Procedures

Census data were used for sampling purposes. A basic problem implicit in census data, representativeness of the sample as related to the realities of under-counting in predominantly black communities, was immediately recognized. We took the position that census data could generate the information desired and that the problem of representativeness could be alleviated by the sampling procedure employed in the study. Using the population census data on Boston, a natural stratification of areas is already provided by separate population statistics for the communities studies: Roxbury, Dorchester, Mattapan, and Brookline-Newton. Although the population in each of the selected communities is not completely homogeneous, the degree of heterogeneity is not sufficiently significant to distort the outcome.

In each of the communities studies, census tracks were divided into areas known to have the highest concentrations of Blacks. This was followed by a block-by-block subdividion which would randomly select persons and give a sample of 60 persons per community or a total sample of 240 persons. The communities studied were chosen because they could provide a comparison between diverse residential areas. About 93% of all Blacks residing in metropolitan Boston live in the communities of Roxbury, Dorchester and Mattapan. The Newton-Brookline suburb was selected because these two areas contain the highest proportions of suburban Blacks in the Boston area. No suburb of Boston contains a Black population which approaches the national average of slightly less than 5% of Blacks who reside in suburban communities. This sampling procedure yielded 240 subjects. Of this number, 239 interview schedules were usable.

Data Collection

Data were collected through the use of an interview schedule which contained 140 items. In addition to collecting data germane to the specific hypotheses already delineated, other useful information relative to health issues was also incorporated into the interview schedule. The instrument contained items which addressed socio-economic background characteristics; residential area; macro-community issues; micro-community issues; health-related issues; an anomie scale; an alienation scale; a measure of interviewees' perceptions of goal attainment and of the future; and a measure of participants' perceptions of the white power structure and of political attitudes.

The scales of anomie and alienation utilized in this exploratory study were influenced by the empirical research of H. McClosky and J. H. Scharr[12] and of D. Dean.[13] McClosky-Scharr focus on anomie. In their study, the corrected split-half reliability coefficient for the anomie scale was .76. As a measure of unidimensionality, the reproducibility coefficient for their national sample was .80. Judges were utilized to validate the items used to test anomie. Dean, on the other hand, focuses on alienation. The alienation scale comprised three components: (1) powerlessness, (2) normlessness, and (3) social isolation. The reliability of the sub-scales, tested by the split-half method and corrected by the Spearman-Brown prophecy formula, was as followed: powerless, .78; normlessness, .73; social isolation, .84; and the total alienation scale, with items rotated to minimize a possible halo effect, had a reliability of .78. The intercorrelations among the alienation scale components ranged from .41 to .90. Validity was tested by correlating the Dean Alienation Scale with those of Leo Srole and Gwynn Nettler.[14] We utilized and included both the McClosky-Scharr Anomie Scale and the Dean Alienation Scale in our interview schedule.

Data Reduction and Analysis

A person was hired to do the coding of the data collected in this project. Keypunching and verification services were purchased from the Harvard University Computer Center. Data cards were then checked and a computer file was created by a staff member assigned to this function. The Statistical Package for the Social Sciences (SPSS) was used. Once it was determined that the data file was in proper order, data analytical activities focused on determining the validity and utility of the data. Comparisons between known parameters of the population (universe), and the characteristics of the sample we obtained, served as approximations (measures) of the validity of our sample. Examination of the utility of the data refers to determining which items were differentiating and which items were not. Frequency distributions and univariate statistics were run and used in this phase of the analysis.

In some instances, especially for running correlations, sample means or standard deviations, the Biomedical Computer Programs (BMCP) was utilized. This was done because as noted in a recent article in The American Statistician by Wilkinson and Dallal,[15] in a comparison of our widely used statistical program packages -- BMCP, SPSS, DATATEXT, and OSIRIS -- for computational accuracy on sample means, standard deviations and correlation, only MBDP was not seriously inaccurate in calculations on a data set of three observations. Further, SPSS computed inaccurate statistics in a discriminant analysis on a real data set of 848 observations.

The next stage in the analysis involved data reduction activities. Scales and composite indices were constructed. Factor analytical techniques were employed. Factor analysis provided us with important information regarding the dimensionality of a scale or index, as well as the relative importance of the various items or variables which comprise the scale or index. The Guttman scaling technique was used to examine the scales which were supposedly unidimensional, scalable and would radically violate the assumptions that the factor analytical models make about the state of the data. Multiple regression analysis was used in the data reduction phase in order to identify certain variables which show no relationships to the set of dependent variables and/or which may in fact be redundant; i.e., the same relationship is observed and can be examined by another more theoretically significant independent variable.

A variety of measures and associations and inferential statistics were employed in the explanatory data analysis phase. Contingency table analysis was used where appropriate and particularly whenever tabular display enhanced the presentation. Some of the measures of association, depending on the level of measurement of the variables, are the contingency, the Yule's (Wendall's), the Gamma and the Pearson's correlation coefficient. In addition to the bivariated measures, multivariate procedures were utilized in order to refine and elaborate on the observed bivariate relationships. Multiple regression and controlling on one or more variables are the multivariate procedures used. The levels of significance of the observed relationships was carefully examined so that the generalizations of the findings could be assessed. However, the level of significance was not emphasized because inferential statistics are influenced by both the strength of the relationship and the size of the sample (Blalock, Social Statistics, 1960).[16]

The procedures for determining degress of anomie and alienation were, as stated earlier, to follow those established by McCloskey, Scharr, and Dean. These authors used a Likert scale format, and a trichotomous classification of high, medium, and low anomie was reported by them. We analyzed our data to determine if a similar classification scheme was appropriate for our study. Scores on the anomie scale were correlated with the variables germane to the hypotheses presented earlier. Similar procedures were used in cateborizing levels of alienation. Therefore, rank-order can be established on the anomie scale and on the various sub-scales of alienation such as social isolation. Hence, for example, rank-order scores on the social isolation sub-scale may be correlated with one of the dependent variables such as the degree to which mental health services within the community are utilized. Another example is to correlate the rank-order scores on the scale with the individual's rank-order scores on an index of occupation such as the North-Hatt Index or the Duncan Occupational Index.

The pilot study results indicated that the scale utilized to measure macro-community concerns, alienation, and health information flow were the least discriminating. The macro-community scale may be more discriminating through dichotomizing it into high and low dimensions rather than high-medium-low. In terms of the alienation scale the researchers attribute its lack of discriminatory ability to the fact that it was originally developed with a white sample. The health information flow scale is a fairly new research direction and needs further work.

The following are the types of statistics that were run by each of the relevant questions: mean, median, mode, kurtosis, standard error, standard deviation, skewness, variance and range, chi squared test, phi coefficient, contingency coefficient, Lambda, uncertainty coefficient, Kendall's tau B, Kendall's tau C, gamma, Somer's D, Eta, factor analysis, correlation coefficients, inverse of correlation matrix, communality, eigen values, multiple regression, standard error, analasis of variance, sum of squares, and *F* test. Multiple regression using macro- and micro-community as dependent variables was used with occupation, anomie, alienation, powerlessness, normlessess, social isolation, orientation to the future, and distrust of power structure as independent variables.

RESEARCH FINDINGS

Characteristics of Respondents

According to Table 1, it is evident that more than two-thirds of the participants in this study are not natives of either Boston or of the state of Massachusetts. Almost one-half of them were born in the South in contrast to the slightly more than 26% who were born within Massachusetts.

Table 1
Place of Birth and Percentage Distribution

Place of Birth	Percentage
Boston	21.8%
Massachusetts/not Boston	4.5
Northeast U.S.	8.4
South	48.6
Midwest-North-West U.S.	4.5
Non-U.S.	11.2
Result of rounding off	100.3%

Residence

About three-fourths (174) of the participants reside in the urban communities of Roxbury, Dorchester and Mattapan, while slightly more than one-fourth (63) were residents of the suburban communities of Brookline and Newton.

Age and Sex

Age groups were trichotomized for purposes of analysis. The three classifications were (1) young (ages 18-30); (2) middle (ages 31 to 50), and (3) older (ages 51 and above). Of the 223 persons who responded to this question, 41.7% were classified as young, 39% were designated as middle-aged, and 18.8% were categorized as "older." Almost 7 of every 10 respondents (69.1%) were women and 3 of 10 (30.9%) were men.

Education

Years of formal schooling were trichotomized for purposes of data analysis. The category of "low" means that the respondent had completed less than 10 years of education. The category "medium" indicates that the number of years of education was between 10

and 12, while the category "high" refers to the completion of at least 1-3 years of college education and more. Eight percent of the responden ts were classified as "low" in educational attainment. Somewhat less than one-half (48.9%) were classified as medium; and 43.1% had completed a relatively "high" level of formal education.

Employment

The employment characteristics of the respondents are indicated in Table 2. About half of the subjects (48.3%) are full-time employees while slightly more than one-quarter of them are presently unemployed. This high rate of unemployment among these respondents appears to support the findings previously reported by the National Urban League Research Bureau that one-fourth of Black adults are presently unemployed. Since teenagers did not comprise a significant proportion of this study, the issue of teenage unemployment was not addressed in this study.

Table 2
Employment Status by Percentage Distribution

Employment Category	Percentage
Employed full-time	48.3%
Employed part-time	11.9
Unemployed	25.4
Receiving Pension, Social Security, etc.	13.6
Total due to rounding off	99.2%

Occupations

A modified version of Labor Department occupational categories was employed as a measure of occupational status or position. The combinations of categories which resulted may be misleading in some instances. For examples, 16% of the respondents were classified as "professionals and self-employed; however, the self-employed persons are largely in small-scale businesses and may not be ordinarily regarded as members of a professional category. This category also included a number of individiuals who rank low when compared to others who would ordinarily be placed in this category. It is a highly heterogeneous group which includes physicians, nurses, elementary and grade school teachers, college professors, small-scale businessmen, insurance personnel, and others, However, it is quite apparent that Blacks in this sample are located in the lower levels of the occupational structure (Table 3).

Table 3
Occupational Categories by Percentage Distribution

Occupational Categories	Percentage
Professional, self-employed	16.0%
Managers	3.6
Clerical, sales	14.2
Craftsmen	13.8
Service	23.1
Pensions, Social Security	6.2
Unemployed	23.1
Total	100.0

Income Structure

We obtained income data on 192 respondents. The income levels for both personal and individual income and combined family income were trichotomized into low, medium and high categories. For individual income, a salary range of $3,000 to $6,999 was classified as "low income." A salary range of $7,000 to $19,999 was classified as "medium income." The classification of "high income" was assigned to persons who reported a salary range of $20,000 and above. For combined family income, the "low" range was from $3,000 to $6,999, the "medium range" was from $7,000 to $19,999, and the "high" range was from $20,000 to $30,000+ per year (Table 4).

Table 4
Individual and Combined Family Annual Incomes by Number Reporting and Percentage Distribution

Income Category	*N*	Percentage
Individual Income		
High	6	3.1%
Medium	102	53.1
Low	84	43.8
Total	192	100.0
Combined Family Income		
High	28	22.0
Medium	63	49.6
Low	36	28.3
Total	127	99.9

With both income measures (individual and combined) the majority of respondents have medium incomes. 53.1% of the respondents have combined family incomes, and 51.7% of the respondents are married. With individual incomes, only 3.1% are in the high income category. With combined family incomes, it is 22. %. This finding suggests that a substantial number of households in the community sampled have more than one adult in the labor force. Secondary data analysis by economic consultant Andrew Brimmer suggests that in recent years income differentials within the Black community have tended to widen, while in the white community, the income differential seems to have remained unaltered or narrowed.[17] The increasing income differential gap between segments of the Black community can also contribute to differential perceptions of issues of importance.[18] As discussed under macro-community issue findings, income differentials do not seem to causally affect the Black communities' orientation to the larger issues.

Marital Status

As inidcated in Table 5, slightly more than one-half of the respondents in this study were married. About 10% of them were divorced, and another 10% were separated but not divorced. Slightly more than one-fifth of the respondents were single and never married.

Table 5
Marital Status Categories by *N* and Percent

Marital Status Category	*N*	Percentage
Married	123	51.7%
Widowed	12	5.0
Divorced	26	10.9
Separated, not divorced	24	10.1
Single, never married	53	22.3
Total	238	100.0

Rank Order of Priorities and Concerns

Respondents were asked two questions designed to reveal what they considered (1) their most urgent concerns and (2) what they considered the most pressing problems facing Blacks in general. Their responses are listed below in rank order:

Your Most Urgent Concerns	Most Pressing Problems Facing Blacks
Rank	Rank
1. Better economic conditions	1. Better economic conditions
2. Other: including family unity, greater religiosity	2. Equality before the law
3. Equality before the law	3. Other: family unity, religiosity, etc.
4. Political power	4. Political power
5. Better quality in public services	5. Better quality in public education
6. Making better housing available	6. Better quality in public services
7. Better quality in public education	7. Better housing available
8. The problems of crime, violence and drug abuse	8. The problems of crime, violence and drug abuse

A comparison of the issues which presently comprise urgent concerns of urban Blacks with the "rank order of discrimination cited by such researchers as Gunnar Myrdal, Banks, Edmunds and Killian/Grigg is illuminating. More than thirty years ago, Myrdal stated that Black Americans were seeking, foremost in priority, better economic conditions. Included in the first four of six "rank orders" were the pursuit of equality before the law and political power. This study shows that in the late 1970s, Blacks are still concerned about economic conditions; equality before the law and political power continue to be among the first four priorities. This finding suggests that, despite some improvements in the overall structural conditions and the political and legal structures as they pertain to the inclusion of Blacks on an equal basis, serious systemtic

defects persist today. Further, the fact that family unity and greater religiosity are included as among the first three priorities may be indicative of an awareness that the viability of the Black family and other important social institutions is being threatened by strains within the social structure itself. Hence, a policy implication of this finding is simply the need to develop and implement programs which will assure profound improvements in the employment opportunity structure as well as assurances for salary equity.

Unlike Blacks in previous studies who registered a need to have equality in social relations and the right to intermarry, these items were almost never mentioned by respondents in this study. This finding is not particularly surprising despite persistent social taboos against interracial dating and intermarriage. However, it should be noted that both interracial dating and intermarriages of all mixes (black male-white female and white male-black female) are on the rise in the United States and have been increasing since the 1960s.[19]

The lower rank of "better quality in public services" reflects positive outcomes from the enactment of the Civil Rights Bill of 1964 which outlawed discrimination in public accommodations, inter alia. This situation may also mean that the issue is not as important as it once was when segregation in public services was supported both de jure and de facto. Similarly, the lowered position of educational opportunity may be evidence of declining racial discrimination in education. However, the shift may be indicative of the fact that meeting instrumental needs through better economic conditions and justice before the law subordinate the issue of education to a less pressing concern. But holding the family together is a matter of great urgency. Neither that issue nor the issue of crime, violence and drug abuse appeared as matters of concern in previous studies. Their presence now, especially the latter, may be a consequence of the rapid urbanization of Blacks and their out-migration from a rural, Gemeinschaft social structure to a more impersonal, competitive, Gesellschaft type of living. Crime, violence and drug abuse are also explainable as not unexpected responses to the stresses and strains fostered by urban societies.

Macro-Community Issues

Consistent with the tested hypotheses, an effort was made to determine what relationship existed, if any, between levels of concern for macro-community issues and a number of independent variables. This section highlights those relationships as indicated by the following findings:

1. There is no difference between younger and older Blacks in terms of a greater concern for macro-community issues. Both groups seem to be equally concerned about the issues classified as macro-community issues (e.g., better economic conditions, higher incomes, reducing high rates of unemployment, busing for school desegregation, increasing quality education, etc.). Hence, this aspect of hypothesis 1-A was not confirmed.

2. There is no difference between Black men and women in terms of a greater concern for macro-community issues. Therefore, that part of hypothesis 1-B which asserts that women are more likely than men to show a greater concern for macro-community issues is rejected. Both sexes seem equally disposed to consider macro-community issues with the same degree of urgency.

3. There is no difference between heads of families and non-family heads in terms of a greater concern for macro-community issues. Thus, this portion of hypothesis 1-C is rejected.

4. However, married persons, with the household headed by the spouse, show a greater concern for macro-community issues than do divorced persons. The total N for this comparison was 32. A chi square, χ^2, of .6617 was obtained resulting in a p = .416. This finding is supportive of hypothesis 1-C.

5. Households with authority shared by both husbands and wives, or essentially egalitarian households, also show a greater concern for macro-community issues than do single and never-married households. The N for this comparison was 53. A chi square, χ^2, of .83286 was obtained, p = .6544. This finding is also supportive of hypothesis 1-C.

6. Divorcees who head a household have a greater concern for macro-community issues than do single and never-married persons. The N for this comparison was 125. The chi square, χ^2, obtained was 1.29, p = .9626. This finding is also supportive of hypothesis 1-C.

7. There is no difference between Blacks with higher annual incomes and Blacks with lower annual incomes in terms of a greater concern for macro-community issues. Neither is there a distinction between these two groups when the designations high and low combined annual incomes are employed for determining relationships. Apparently, the amount of income received per annum does not affect perceptions of macro-community issues. Hence, this portion of hypothesis 1-D is rejected

8. There is no difference between urban and suburban Black residents in terms of a greater concern of one group over the other for macro-community issues. Residents of the three urban communities -- Roxbury, Dorchester and Mattapan, and the respondents from the combined suburban communities of Brookline and Newton seem to share an equal concern for macro-community issues. Hence, this portion of hypothesis 1-E is rejected.

9. There is no difference between Blacks with higher levels of education and Blacks with lower levels of education in their concern for macro-community issues. The amount of education or formal schooling attained does not seem to influence perceptions that respondents have about such issues. As a result, this portion of hypothesis 1-F is rejected.

10. There is no difference between persons of high occupational status and low status occupations in their perceptions of the importance of macro-community issues. Respondents of these occupational levels seem to share the same degree of concern for macro-community issues. The relevant portion of hypothesis 1-G, which was added to the original sub-hypotheses of hypothesis 1, is rejected. Persons on pensions, social security benefits, or who are unemployed have a lesser concern for macro-community issues: $\chi^2 = .01$; $p = .9255$; $N = 66$.

11. Persons with good access to health services do have less concern for macro-community issues than do persons with poor access to health services. The N for this analysis was 237. A chi-square, χ^2, of .62 was obtained; $p = .7334$. Hence, this portion of hypothesis 2 is supported.

12. Persons who state that they have a good flow of information from health services agencies to their communities have less concern for macro-community issues. The N for this analysis was 168; the finding is based upon frequency distributions. However, the support for hypothesis 2 is apparent.

13. Holding age constant, there is no difference between persons who score higher or lower on the anomie scale in their perceptions of importance of macro-community issues. It appears that individuals at both these levels of anomie show a high degree of congruence in the level of concern they attach to macro-community issues. Therefore, this portion of hypothesis 3 is rejected.

The macro-community scale was one of three scales used in the study. It did not discriminate well between low median and high dimensions. This lack of discrimination can either be due to the scale construction, or to the similarity and concern for macro-community issues within the Black community. The majority of respondents, 78.9%, had low concern for macro-community issues. Variables for which macro-communities issues acted in a homogeneous monolithic fashion were place of residence, age, sex, education, income, family head, occupational status, anomie, and alienation.

This finding suggests that either the macro-community scale needs further definition, or that there is a particular sameness of orientation within the Black community irrespective of differences in place of residence, age, sex, education, income, family status/ occupational status, feelings of anomie and alienation toward macro issues. If the latter interpretation is correct, then it seems to suggest a low concern for macro-community issues across several Black community characteristics and that successful organization efforts directed towards the Black community should be micro-oriented. On the other hand, this apparent low concern might also indicate resignation, or a sense of hopelessness about macro-community issues. In that event, there is reason to conclude that many Blacks, regardless of socio-economic status have little faith either in the willingness of power structures to respond to their needs, or in their own capacity to alter this situation by traditional approaches.

Micro-Community Issues

As in the case of macro-community issues, an effort was made to determine what relationship existed, if any, between the levels of concern for micro-community issues and several independent variables. This section presents findings pertaining to those relationships as dictated by the hypothetical propositions.

1. This research did not reveal differences between older and younger persons in their perceptions of micro-community issues. Hence, no confirmation of hypothesis 1-A was established.

2. Neither was there a confirmation of the hypothesis that women are more likely than men to be more concerned about micro-community issues. In fact, the findings show no difference between men and women on this issue. Thus, hypothesis 1-B is rejected.

3. Household heads who are married or who are separated but not divorced show a greater concern for micro-community issues than do persons who are not household heads. The *N* for this comparison is 125. A chi square, χ^2, of 10.7 was obtained; p = .2191. This finding is supportive of hypothesis 1-C.

4. Family heads are more concerned with micro-community issues than are non-family heads. The *N* for this comparison was 226. A chi square of 19.04 was obtained; p = .004. Hence, hypothesis 1-C is confirmed.

5. Persons of high income levels do not differ from persons with low income levels in the importance which they attach to micro-community issues. This finding does not confirm hypothesis 1-D.

6. As expected, urban residents (those living in the communities of Roxbury, Dorchester and Mattapan) attach a significantly greater degree of importance to micro-community issues than do persons living in the suburban communities. The *N* for this comparison was 226. A chi square, χ^2, of 30.67 was obtained and this finding is significant beyond the .001 level; p = .001 and beyond. This finding has a number of policy implications which will be amplified in a later section. The finding is also supportive of hypothesis 1-E.

7. As hypothesized, persons with lower levels of educational attainment have a greater concern for micro-community issues than do persons with higher levels of educational attainment. The *N* for this analysis was 186. A chi square of 6.44 was obtained; p = .17. This finding is supportive of hypothesis 1-F.

8. Persons holding lower-level occupational positions have a greater concern for micro-community issues than do persons in high status occupations. The *N* for this comparison was 168. A chi square of 7.04 was obtained; p = .0296. This finding is supportive of hypothesis 1-G.

9. Further support for hypothesis 1-G is derived from the finding that persons on pensions, social security, or who are unemployed have a greater concern for micro-community

issues than do persons in the higher status occupations and are employed. The *N* for this analysis was 66. The chi square obtained was .1; p = .16. Although these associations are quite fragile, they do provide support for the hypothesis as stated.

10. The findings of this research revealed support for the notion that persons with good access to health services show less concern for micro-community issues than do persons with limited or no access to health services. The *N* for this analysis was 237. A chi square value of 24.05 was obtained which was significant beyond the .0001 level; p = .0001. This finding is supportive of hypothesis 2.

11. Support was also obtained for the notion that persons who report the best flow of information from health service agencies have less concern for micro-community issues. The N for this analysis was 237, and the finding was based upon frequency distributions.

The micro-community scale was more discriminating than the macro-community scale. Those variables which were monolithic across both scales were age, sex, and income. Thus, for these three variables the Black population in metropolitan Boston seems to have a sameness of orientation to issues regardless of age, sex, and income differences. Findings relative to micro-community concerns of particular statistical significance are family head, place of residence, occupational status, and health services access. Other findings, such as household heads, education, pension, social security, or unemployment, and health information flow in micro-community issues were significant, but not to the extent of those noted above. For the most part, the metropolitan Boston Black community seemed to be more concerned with micro-community issues than macro-community issues. This concern is particularly significant for urban residents, family heads, and people of lower educational and occupational status. Those respondents who report good health services access, and good health information have a lesser concern for micro-community issues. This finding seems to suggest a positive intervening role of community health centers in addressing micro-community issues. However, the generally higher concern for micro-community issues implies the existence of problems of such serious proportions that action-oriented programs directed toward resolution of these kinds of problems are imperative. These issues pertain to immediate and community shared situations, around which a consensus can be easily forged. Pessimism and discontent in these instances are easily translatable into collective action such as the types of protest demonstrations which were characteristic of the 1960s. This observation takes on added significance when it is noted that there is a high correlation between alienation, anomie, and concern for

macro-community issues. Inasmuch as this finding is of special salience for younger members in this study, the magnitude of the problem is even more apparent. Historical experience has taught us that in crisis situations it is the young who are more likely to act out aggression and resentment.

Alienation, Anomie and Distrust

As previously stated, this exploratory study utilized the nine-item Anomie Scale developed by McClosky and Scharr, and the Alienation Scale employed by Dean in his study, "Alienation: Its Meaning and Measurement."[20] The Dean Alienation Scale comprised three components: (1) a measure of powerlessness which comprised nine items; (2) a measure of normlessess which consisted of six items; and (3) a measure of social isolation which was comprised of 10 items. Respondents were classified as low, medium or high for each of those measures, depending upon the score obtained. The scoring was done in precisely the same manner as was done by McClosky and Scharr and by Dean in the studies cited. Hence, theoretically, an individual could be low in anomie and low in alienation, or high in anomie with high ratings in powerlessness, normlessness and social isolation, or the reverse or any other combination of these classifications.

The attitudes of trust and/or distrust in the power structure and the respondents' sense of goal attainment and orientation toward the future were measured by four and two items, respectively. The findings regarding anomie, alienation and sense of distrust and goal attainment are described below.

1. As previously stated, when age is held constant, there is no difference in the perceptions of concern for macro-community issues between persons who are classified as high anomie or as low anomie.

2. Neither is there a difference between high and low alienation individuals in their concern for macro-community issues.

3. However, when age is held constant, persons with higher levels of anomie do show a greater concern for micro-community issues than do persons with low-anomie scores. When age groups are trichotomized, this finding is particularly noticeable for individuals in the younger age brackets. Comparisons by age groups follow:
   Young age group (18-30): $N = 90$; $\chi^2 = 4.05$; $p = .1320$.
   Middle age group (31-50): $N = 87$; $\chi^2 = .7200$; $p = .9488$.
   Older age group (51+): $N = 42$; $\chi^2 = 1.806$; $p = .41$.
   This finding is confirmation for hypothesis 3.

4. Similarly, holding age constant, the more highly alienated persons have a greater concern for micro-community issues. However, the strength of this concern is a matter of age differentials. The following associations illustrate the point:

    Young persons: $N = 91$; $\chi^2 = 2.82$; $p = .2$.
    Middle age group: $N = 86$; $\chi^2 = 2.22$; $p = .10$.
    Older age group: $N = 42$; no test.

    This finding is supportive of hypothesis 3.

5. It was expected that individuals who ranked high on goal attainment would rank low in anomie, while persons with low goal attainment values would rank high on the anomie scale. This finding was supported. The N for this analysis was 230. A chi square value of 13.26 was obtained; $p = .0096$.

6. Similarly, persons with low goal attainment scores also have high levels of alienation. But, persons with high goal attainment are not necessarily characterized by low levels of alienation. The N for this observation was 231. A chi square value of 6.01 was obtained, $p = .1984$.

7. As expected, persons who indicated a greater amount of distrust were also characterized by higher alienation scores than were persons with low levels of distrust. The N for this analysis was 222. A chi square value of 1.44 was obtained; $p = .8376$.

8. It was also demonstrated that persons with a greater sense of distrust are also characterized by a greater sense of powerlessness. The N for this analysis was 223. A chi square value of 4.99 was obtained; $p = .2882$.

9. Similarly, high distrust scorers are also high scorers on the normlessness scale. In this instance, the N was 224. The chi square value was 3.52 which is significant with $p = .4748$.

10. High distrust people, not unexpectedly, score high on the scale of social isolation. The N in this measure was 223 but the chi square value of 5.91 was somewhat larger than it was for all other sub-scales in the alienation scale. Here, $p = .2056$.

11. Finally, the findings show that persons with lower levels of a sense of goal attainment have greater feelings of social isolation. However, persons with high goal attainment are not necessarily characterized by lower levels of social isolation. When the findings indicated above in items 7-11 are taken in concert, confirmation for hypothesis 5 is apparent.

Of the variables alienation, anomie, and distrust of the power structure, the scale measuring levels of alienation was the least discriminating. In each of the four scales (alienation, powerlessness, normlessness, social isolation) composing an overall measure of alienation, by far the majority of respondents were characterized by median levels of alienation. This finding may be due to methodological problems with this scale, or it could be that Blacks in metropolitan Boston are generally not characterized by either low or high extremes of alienation. An important factor in this regard is that the original alienation scale research and development process used a sample population with few if any black subjects. Thus, there could be differences in Black responses to such an alienation scale if one holds that sociocultural differences do exist and can be measured between black and white racial group members.

The most significant finding in statistical sense is that high goal attainment implies a low sense of anomie, and low goal attainment implies a higher sense of anomie. This finding implies that a goal-oriented and goal-attainment person is not confused by social norms and values or by his/her capacity to act in accord with them.

Both higher levels of anomie and higher levels of alienation imply a greater concern for micro-community issues. Those who distrust the white power structure tend to be characterized as more alienated, powerless, normless, and socially isolated. Low goal attainment implies a greater sense of alienation and social isolation. However, high goal attainment does not necessarily imply a lesser sense of alienation and social isolation. Finally, it is those in the young age group characterized by a greater sense of anomie and alienation who tend to voice a greater concern for micro-community issues.

An examination of several correlations offers further findings. Macro-community has the largest positive correlation with orientation to the future and micro-community issues. Micro-community has the largest positive correlation with orientation to the future and health. Health has the largest positive correlation with micro-community and distrust of the power structure. Health has the largest negative correlation with normlessness and social isolation. Anomie has the largest positive correlation with social isolation, and the largest negative correlation with orientation to the future and distrust of the power structure. Alienation has the largest positve correlation with social isolation and normlessness. Social isolation has the largest positive correlation with anomie and alienation. Orientation to the future has the largest positive correlation with distrust of the power structure and micro-community issues. Distrust of the power structure has its largest positive correlation with orientation to the future and micro-community issues.

A positive orientation to the future implies a low sense of anomie, yet it is positively correlated with distrust of the power structure and a concern for micro-community issues. Collective findings seem to suggest an orientation to a "nationalist" perspective and a distrust of the power structure in its ability to address micro-community concerns. The measures of positive orientation to the future seem to imply a perspective not towards "integration" but towards low anomie and social solidarity.

Health Issues

The respondents were asked a number of questions pertaining to health issues. Some questions related directed to certain hypotheses while other questions were designed to elicit more data about health services. One of the problems with correlations between health information flow and other areas of this inquiry arises from the fact that of 239 usable data forms, 239 of the respondents characterized the flow of information from health services agencies as good. There were no responses in the "adequate" and "poor" categories.

By contrast, access to health services is most often described as from adequate to good (Table 6).

Table 6
Access to Health Services by Percent

Category	*N*	Percent
Good access	98	41.4%
Adequate access	106	44.7
Poor access	33	13.9
Total	237	100.0

The response to the health information question is further complicated by responses to related questions which appear to contradict the finding that the flow of information from health services agencies is as has been described. For example, a slight majority of the respondents had never seen literature, pamphlets or booklets distributed by their community health centers. Almost three-fifths of them had never heard radio or television announcements about services available in their local community health centers. Almost nine of every ten had never attended a meeting at these facilities (see Table 7).

Table 7
Health Information Categories by Number and Percent

Information Category	Yes	No	Uncertain	Total
Attended meetings at Community Health Center	30 12.6%	207 87.3%	0 0	237 100%
Ever saw literature distributed by Community Health Center	114 48.7%	120 51.3%	0 0	234 100%
Ever heard radio or television announcement about services available in CHCs	96 40.7%	140 59.3%	0 0	236 100%

Another dimension of flow of information concerning services available pertains to the respondents' actual nowledge about what is and what is not available in these centers (Table 8).

Table 8
Knowledge of Types of Services Available in Health Centers

Are the Following Services available in your CHCs?	Yes	No	Uncertain	Total
Mental health counseling	103 44.0%	18 7.7%	113 48.3%	234 100%
Job counseling services	102 43.4%	28 11.9%	105 44.7%	235 100%
Day care services	167 71.4%	18 7.7%	49 20.9%	234 100%
Educational counseling				
For pre-teenagers	94 57.7%	69 42.3%		163 100%
For teenagers	113 66.9%	56 33.1%		169 100%
For adults	114 67.5%	55 32.5%		169 100%
Rehabilitation facilities for drug offenders	106 63.1%	62 36.9%		168 100%

Further probing of respondents revealed at least some knowledge about other kinds of services provided by their neighborhood or local health centers. These services include general family services, pediatrics, obstetrical care, pre- and post-natal services.

Almost 9 of every 10 persons interviewed (86.1%) stated that it was very important to see a physician, and slightly more than 10% (10.6%) felt that it was of some importance to see a physician. Only 1.3% of the respondents felt that seeing a physician was of little importance. The responses were quite similar with regard to attitudes toward seeing a dentist: very important (85.6%); of some importance (8.5%), and of little importance (3.0%). However, according to the data generated in this study, Black persons are infrequent visitors to physicians. When asked the question, when was the last time you saw a physician, the responses were as follows:

Six months or less	1.6%
Within 6 to 12 months	30.7%
Within 1 to 2 years	33.1%
From 3 to 5 years ago	25.0%
Never	9.7%

Because there is an acute shortage of Black physicians and dentists in the residential areas studies, there is a tendency for those Blacks who do seek medical care to visit non-Black physicians. Only 15.8% of those persons who had ever visited a physician stated that the physician was Black. More than 8 of 10 (84%) stated that the physician they visited was non-Black. This finding supports the general observation that Black communities are often underserved areas for medical and dental services; therefore, the need for more physicians to serve in underserved areas persists.

The relative low frequency for visiting physicians cannot be explainable by the quality of transportation facilities. More than three-quarters of the respondents (78.2%) stated that transportation facilities from their place of residence to physicians' offices were at least adequate to good. Similarly, 88.2% of the respondents described transportation facilities to a dentist in the same way.

For 92% of the participants, the nearest pharmacy was described as 10 blocks or less from their place of residence. For over half of them (57.9%), the nearest pharmacy was 5 blocks or less from home. Other things being equal, the location of a facility such as a drug store seems to be a problem for less than 10% of the participants in this study. Problems may arise for the elderly in having someone available to make trips to such facilities if they are unable to walk even the short distance.

In regard to health and the role of community health centers, of the 131 responses to a question on utilization, 54.2% had never used such a facility. Of those who did utilize such a center, the two most frequently stated reasons for utilization were for acute illness and accidents. This pattern of utilization explicitly defines a non-preventive orientation to health care, including mental health.

IMPLICATIONS AND RECOMMENDATIONS

This study has evidenced the actual and potential role of the community mental health center in addressing and initiating processes that will improve the quality of life for Black populations. The data show that people who have access to health centers utilize those services, are less alienated, less socially isolated, and better able to focus on larger issues. Thus, access to services which attend to the patient's needs, in turn, and not surprisingly, permit the patient to more adeptly confront stress in both his private and community life. Many studies have documented stresses particularly attendant to urban living. Other studies have strongly suggested the role of stress as a causative factor in somatic problems such as hypertension, gastric ulcer, etc. As a result, the potential of CMCHs to serve a preventative role and better enable people to confront and experience problems with decreased stress requires little comment.

The previously cited rates of youth unemployment, the established need for career and educational counseling, are examples of problems which attest to the needed growth and development of counseling services. This study, which identified the health needs of people from their own perspective and attempts to articulate how they themselves feel their needs are met, neither substantiated the availability of counseling or mental health services nor the success of methods utilized by CMHCs for imparting information concerning these services to the target populations. Nevertheless, the consumer's responses suggest the need for reassessment of communication procedures of CMHCs. As indicated earlier, slightly more than half the respondents (51.3%) had not seen pamphlets, brochures, or other literature which would acquaint them with services available to them. Nearly 6 out of 10 respondents had not heard any radio commercials that would inform them of services provided by their CMHCs. It was shown by an earlier Solomon Fuller Institute survey that 94% of Boston's Black population gains its information from radio. Thus it appears that the function of CMHCs might be increased and improved if better communication patterns were established.

This study not only revealed the need for expanded mental health services, the positive role CMHCs might play in reducing reactions to stressful conditions, promoting an avenue for expression for aggravated urban dwellers, but also the problems within the medical profession which contribute to underutilization patterns by minorities and decreased incentives for professional career development. An outstanding response to the questionnaire concerned human resources. Nearly all respondents indicated that professional care comes from non-minorities. This response obviously underscores the deficiency of professional minority human resources, but more significantly, it underscores the establishment of a process which tends to perpetuate part of the problem. This response substantiates the absence and lack of role models for youth who might be influenced

to consider and to pursue the possibility of a top professional career. It accentuates the factors which contribute to low goal attainment and begs the question of why more minority professionals are not known to be a permanent part of the medical establishment in a major city reknowned for its place in medicine. Finally, it indicates a basis for the distrust, anger, alientation, suspicion, and hostility many respondents voiced about power figures, health care, and studies of themselves and their community by non-Blacks.

The instrument schedule did not include questions which would identify the relationship between the above factors and low utilization rates, or the effect of ethnic differences, between the professional staff and the consumers on utilization of facilities; however, given the fact that 86.1% of the respondents defined medical and dental visits as important and also stated that transportation facilities and access were adequate to good, suggest that a more definitive investigation needs to be done on these relationships.

The findings of this study seem to recommend that Blacks should continue to support an agenda which focuses on economic rights and achieving political parity with non-Blacks.

High goal attainment as measured in this study is highly correlated with social solidarity suggesting some degree of success within the American system. The higher correlation (.53) at high goal attainment with distrust of the power structure reveals widespread dissatisfaction with the position of Blacks in the social structure. The positive correlation of high goal attainment with concern for micro-community issues further reflects the dissatisfaction of Blacks in the social structure and may be interpreted as evidence that Blacks are united in their belief that the power structure is not responding to the needs of Black Americans in a meaningful way. It may also mean that systemic or institutional racism continues to pervade the collective experiences of Black Americans irrespective of socioeconomic variables.

A study such as this one needs further replication before any broad gauged implications can be affirmed. There are perhaps peculiarities to the metropolitan Boston Black community which are unique to that population; however in many ways, the Boston Black population has characteristics similar to the national Black population. More refined implications await additional study.

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